Sample Infant Feeding Plan

The information you provide below will help us to do our very best to respect your feeding practices and help your baby grow and thrive.



'hild's namo:						
	Child's name:			day:	mm / dd / yyyy	
Parent/Guardian's name(s):						
BE COMPLETED BY	<u> PARENT</u>					
d you receive a copy o	of our Breastfeedi	ng-Friendly Policy?	Yes	No		
t home my baby drinks	s (Check all that a	oply):				
Breast milk from:	□ Mother □ Bo	tle □ Cup □Other				
Formula from:	🗆 Bottle 🛛 Cu	p 🗆 Other		-		
Cow's milk from:	□ Bottle □ Cu	p 🗆 Other				
dditional details: ow does your child sho	ow you that s/he is	hungry?				
ow often does your chi	ild usually feed?					
ow much does your ch	ild usually drink a	t each feeding (ounces)?				
las your child started eating solid foods? f yes, what foods is s/he eating:			Yes	No		
	eating solid foods					



This information has been adapted from the "Breastfeeding-Friendly Child Care Initiative" of the Carolina Global Breastfeeding Institute/UNC Gillings School of Global Public Health.

Chi	ild's	nam	ıe.
	10.0	nun	iC.

Birthday:

m m / d d / y y y y

	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about	feeding
Mother's Milk					
Formula					
Cow's milk					
Cereal					
Baby Food					
Table Food					
Other					
(describe)					
uld like you to take	use the t give a bo	minutes before my arri	use the pacifier yo other Specify: val time. ade any needed changes or o		
Teacher Signati	ure:	Par	ent Signature		
Date	Change to Feedi	ng Plan (must be recorded	d as feeding habits change)	Parent Initials	Teacher Initials
Any changes mu	st be noted above	and initialed by both the	e teacher and the parent.		

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